

# **National Periodontal Disease Coalition**

## **Executive Summary**

**June 15-16  
New York, NY**

### ***Oral Health America***

410 N. Michigan Ave., Suite 352  
Chicago, IL 60611  
Tel: (312) 836-9900

## Table of Contents

List of Organizations Invited .....	3
Advisory Board Meeting Objectives.....	4
Introduction.....	4
Meeting Agenda.....	5
Review of Pre-Meeting Survey.....	6
Framing a Resolution of Periodontal Disease in American Health Care.....	8
Implications of Periodontal Disease and Health .....	10
Developing a Periodontal Disease Resolution, Part One .....	15
Developing a Periodontal Disease Resolution, Part Two .....	20
Capturing the Media’s Interest .....	21
Conclusion .....	24

## Invited Organizations

<p>AARP          ABC Broadcasting          Academy of General Dentistry          Ackourey Legislative &amp; Health-care Services          Aetna          Albuquerque Area Dental Support Center          Alliance for Aging Research          American Academy of Dental Group Practices          American Academy of Developmental Medicine and Dentistry          American Academy of Periodontology          American Association for Dental Research          American Dental Assistants Association          American Dental Association          American Dental Education Association          American Dental Hygienists' Association          American Diabetes Association          American Heart Association          American Medical Association          AMERICUS Dental Labs          Ascend Media          Aspen Dental          Association of State and Territorial Dental Directors          Belmont Publications          Blue Cross Blue shield          Boston University          Bright Now! Dental Inc.          Center for Health Care Strategies, Inc.          Centers for Disease Control Prevention          Cigna Corporation          Cigna Dental &amp; Vision Care          Coast Dental          Colgate Palmolive Co.          Columbia University          Consumer Reports/Consumers Union          Crown Council          Crown Seating          Delta Dental Plans          Denta Quest</p>	<p>Dental Care Partners          Dental Trade Alliance          Dentsply International          Dimensions of Dental Hygiene          DNTLworks          Dominican-American Foundation          Doral Dental USA          FDI World Federation on Dentistry          GC America, Inc.          GlaxoSmithKline          Goldman School of Dental Medicine          Heartland Dental Care          Hewitt Associates, LLC          Humana Dental          Indian Health Services          International College of Dentists          Juvenile Diabetes Foundation          Lt. Governor, State of Illinois          Medical College of Georgia, School of Dentistry          Midwest Dental Management          Milligan Dental Center          Minnesota Department of Health &amp; Human Serv.          Morehouse School of Medicine          National Academy for State Health Policy          National Association of Dental Plans          National Conference of State Legislatures          National Congress of American Indians          National Dental Association          National Healthy Mothers-Healthy Babies Coalition          National Institute of Dental and Craniofacial Research          National Institute of Health          National Stroke Association          NY State Department of Health</p>	<p>New York Times          New York University          Newman Productions          North Dakota Dept. of Health          On Site Dental          Oral Health America          OraPharma          Park Avenue Periodontal Assoc.          Park Dental          Patterson Companies          Patterson Foundation          Periodontal Therapeutics          Pitney Bowes          Premera Blue Cross of WA          Progeny Dental          Research America          Robert Wood Johnson Foundation          Romano Group          Ronald McDonald House Charities          Special Care Dentistry          State of Illinois          Sunstar Butler          The Forsyth Institute          Tom's of Maine          Towers Perrin          US Dept. of Health and Human Serv.          United Health Care          Univ. of Colorado School of Dentistry          Univ. of Illinois College of Dentistry          Univ. of Minnesota School of Public Health          Univ. of Missouri of Kansas City School of Dentistry          Univ. of the Pacific School of Dentistry          US Senator, Wisconsin          W.K. Kellogg Foundation          Washington Dental Serv.          Williamette Dental</p>
--	---	--

## Meeting Objectives

This advisory meeting brought together thought leaders from a variety of settings for discussions about key issues in raising awareness about periodontal disease and its relationship to overall health. Specific meeting objectives were to:

1. Develop a resolution about periodontal disease for public communications to legislatures, media, healthcare providers, and others
2. Develop an action agenda for the National Periodontal Disease Coalition

## Introduction

The advisory meeting brought together leaders from a variety of settings for discussions about the potential role of the National Periodontal Disease Coalition (NPDC), created by Oral Health America. Oral Health America is the nation's premier, independent advocacy organization dedicated to improving oral health for all Americans. The meeting which was held on June 15-16, 2005 in New York City, was the second meeting of NPDC. Participants of the initial meeting in 2004 expressed uncertainty about the place of oral health in the larger firmament of health care in the United States. The relationship between periodontal disease and overall health was discussed extensively, but without any actionable conclusions. The purpose of the June 2005 meeting was to build upon recommendations from the earlier meeting, and to develop a more definitive role and action agenda for the coalition as a whole. Participants expressed the issues of greatest concern to them in their industry segments and offered specific recommendations about potential roles for NPDC. The purpose of this publication is to share key messages and recommendations from those discussions.

## Meeting Agenda and Schedule of Events

*Wednesday, June 15, 2005*

- 1:00 Welcome and Recap of Initial NPDC Meeting  
*Robert Klaus, CEO, Oral Health America*
- 1:15 Defining your win for the NPDC: Review of Pre-Meeting Survey  
*Robert Klaus*
- 2:15 Implications of Periodontal Disease and Health  
*Moise Desvarieux, MD, PhD, Assistant Professor of Epidemiology, School of Public Health, University of Minnesota*
- 3:00 Break
- 3:15 Coalition Discussion: Implications of Periodontal Disease and Health
- 4:45 Adjourn
- 5:30 Reception and Dinner

*Thursday, June 16, 2005*

- 7:30 Breakfast
- 8:00 Developing a Periodontal Disease Resolution: Part One  
*Robert Klaus*
- 9:30 Capturing the Media's Interest in Health Related Issues  
*Sandra Thomas, WABC Channel 7, New York City*
- 10:30 Promotion Strategies and Issues  
*Jim Sandino, Sandino Consulting Group, Consultant to NBC's Total Health Show*
- 11:30 Developing a Periodontal Disease Resolution: Part Two  
An Action Agenda  
*Brad Hutchins*

## Review of Pre-Meeting Survey: Defining Your Win for NPDC

### Meeting

A review of the pre-meeting survey revealed the following results listed in order of importance.

Question: *What would constitute a “win” for the coalition?*

1. Fostering increased awareness of the relationship between oral and overall health
2. Increasing the visibility of periodontal disease
3. Increasing funding for periodontal research
4. Identification of periodontal disease as a public policy issue.

Question: *What are the barriers to success for the coalition?*

1. Turf issues and competition within the coalition
2. Obtaining funding
3. Identifying a direction or focus for the coalition
4. Lack of scientific support
5. Organizational capacity

Question: *What should be the goal or mission of the coalition?*

1. Getting the dental profession to accept the implications of periodontal disease for systemic disease, and emphasizing the role dentists play in treating and preventing periodontal disease
2. Promoting oral health and overall health of Americans
3. Enhancing consumer awareness of health issues in general
4. Developing a standard for treatment and prevention that can be readily understood by laypersons
5. Creating a workable definition of periodontal disease

Question: *How can the coalition help address these goals?*

1. By partnering with organizations that promote general health
2. By advancing the issue before Congress, consumer groups, educators, providers, business and labor
3. By commissioning a national education effort
4. Through outreach and a cohesive communications plan

Question: *How will we know if the coalition is addressing its goals?*

1. When it achieves consensus
2. When it fosters greater awareness of periodontal disease among health care professionals and consumers
3. By establishing baselines and identifying measurable performance goals
4. When all dental professionals understand treatment protocol for periodontal disease.

## **Framing a Resolution of Periodontal Disease in American Health Care**

Attendees were asked to review and comment on the draft resolution for NPDC.

Two key points to emerge from this discussion were that the resolution should reference a commitment to work in tandem with the medical community, and that the resolution should emphasize the coalition endorsement of research funding. Unanimously, the group determined that the coalition's resolution should emphasize early prevention of periodontal disease and the consequences of the disease. Additional specific recommendations follow.

### **Discussion and Recommendations:**

- Emphasize the fact that individuals can take measures to prevent periodontal disease.
- The coalition will be effective only if it succeeds in educating consumers and health care professionals.
- Funding is essential not only for education, but also access to care for low-income populations.
- Gain a better understanding of current opinions and practices surrounding periodontal disease within the dental community.
- Eliminate language describing periodontal disease as “a silent epidemic”.
- Draw public awareness to periodontal disease, just as “meth mouth” has won widespread national recognition through media exposure.
- Address widespread perceptions that oral health is not an important aspect of health by continuous communications of study findings surrounding the relationship between oral health and other aspects of health.

- Create grant proposals that link oral health to other aspects of health in specific populations, such as the medically underserved, pregnant women, and patients with diabetes.
- Physicians must participate in efforts to demonstrate a distinct link between periodontal disease and systemic health in order to strengthen this message; further, physicians should be trained in diagnosis of periodontal disease if it is to be perceived to be important to overall health.
- Work to achieve “buy in” from dentists who first, are unaccustomed to peer review by specialist consultants, and second, frequently do not perceive non-cosmetic dentistry as important to their practice.
- Emphasize the fact that periodontal disease becomes a larger socioeconomic burden when left untreated and that new technologies are emerging for effective treatment.
- Given the lack of an entirely definitive study linking periodontal disease to systemic health, the coalition must assess the risk of engaging the public prematurely. Dr. Larry Tabak is currently conducting large clinical trials to assess periodontal disease and its interaction with various health parameters, but those data will not be available for several years. The coalition should support and endorse those efforts.
- Encourage Practice Based Research Networks (PBRNs) to make periodontal disease treatment assessment a high priority, particularly since funding is already in place for clinical investigations. The coalition could create powerful lobbying forces to ensure that periodontal disease becomes a priority for individual PBRN centers.

## Implications of Periodontal Disease and Health

*Moise Desvarieux, MD, PhD, Assistant Professor of Epidemiology, School of Public Health, University of Minnesota*

The relationship between cardiac events and acute infections has been firmly established in the medical literature. A newer area of scientific inquiry is the relationship between chronic infections, such as chlamydia pneumoniae, herpes viruses, H pylori, and now periodontal infections with vascular disease. Microbes found in the vascular bed, including periodontal bacteria that have been found in carotid plaque, would appear to be implicated in vascular disease, although a cause and effect relationship has not been definitively proven. Another theory is that the site of infection may in fact be situated away from atherosclerotic plaque, but still be capable of triggering a cytokine cascade which leads to vascular complications.

### ***The INVEST Study***

The Oral Infections and Vascular Disease Epidemiology Study (INVEST) was a prospective study of 1056 patients specifically designed to study the hypothesis that periodontal infections predispose to accelerated progression of carotid atherosclerosis and incidence of stroke, myocardial infarction, and cardiovascular disease death. The thickness of the carotid artery has been shown in other studies to be a very good predictor of future strokes and heart attacks, and is therefore a very good marker of atherosclerosis. In this study, researchers investigated whether carotid intima-media thickness (IMT) correlated with cumulative periodontal bacterial burden. The hypothesis was that the organisms responsible for periodontal disease would relate to increasing IMT, whereas others would not. The objective was to demonstrate a specific role for periodontal microbes in atherosclerosis.

Following the exclusion of patients whose cardiovascular risk factors could not be determined, or who were edentulous, 657 patients were included in the final analyses. Subjects were interviewed to identify risk factors for cardiovascular disease and underwent a complete oral examination. Subgingival plaque samples were collected from the same site in each subject, then analyzed with checkerboard DNA-DNA hybridizations. Specific markers for inflammation, including C-reactive protein (CRP) and white blood cells (WBC) values were measured for each study subject. Carotid ultrasound was performed to detect periodontal microbiological exposure.

Researchers found a positive relationship between carotid IMT and cumulative periodontal bacterial burden. Specifically, periodontal bacterial burden was associated with a 0.03 to 0.04 millimeter difference in carotid IMT. More importantly, periodontal pathogens were identified specifically to be responsible for increasing carotid IMT. Neither white blood cells nor C reactive protein values increased with overall bacterial burden. However, white blood cell values, but not CRP values, tended to rise with both increasing levels of etiologic bacterial burden and carotid IMD, suggesting a possible direct causal role for infections. Patients with a dominance of oral pathogens causally related to periodontal disease had thicker carotid IMT after adjusting for conventional risk factors. This study provides the first direct evidence of a possible role of periodontal bacteria in atherosclerosis, independent of CRP. This study is the best available evidence of the relationship between periodontal infection and vascular disease, as previous studies explored only surrogate markers of infection. If confirmed, these findings are of significant public health importance because they suggest that atherosclerotic damage may be reduced and possibly reversed by reducing pathogenic periodontal bacteria. What is needed is close patient follow-up to determine whether

there is a relationship between the extent of periodontal infection and the number of cardiac events. This will more conclusively identify a cause and effect relationship.

### ***Methodological Barriers to Clinical Investigations***

A key problem in clinical investigations of the role of periodontal infection in systemic disease is the fundamental nature of our diagnostic criteria. Periodontal disease is diagnosed primarily by pocket depth and attachment loss, which require the presence of a tooth. The paradox is that our most severely diseased patients have lost the affected tooth as a direct result of the disease or by extraction, and therefore the evidence of disease exposure no longer exists. Most studies exclude the edentulous from investigations of periodontal disease, despite the fact that they may have become edentulous as a direct consequence of periodontal infection.

The relationship between bone and tooth loss and carotid plaque thickness was demonstrated in a separate study published in *Stroke* in 2003. This study investigated the relationship of periodontal disease and tooth loss with subclinical atherosclerosis in 711 subjects. After adjusting for conventional risk factors, a significant association was observed between tooth loss levels and carotid artery plaque prevalence. Among those with 0 to 9 missing teeth, 46% had carotid artery plaque, whereas among those with  $\geq 10$  missing teeth, carotid artery plaque prevalence was approximately 60%. These data suggest that tooth loss is a marker of past periodontal disease and further, it demonstrates that patients with the greatest tooth loss experience the greatest levels of carotid artery plaque. Clearly, the edentulous have an intermediate risk for vascular disease and need to be included in our clinical investigations.

## **Discussion and Recommendations:**

- Use of the term “periodontal infection” instead of “periodontal disease” to highlight its impact on systemic health and to more accurately identify the nature of the disease.
- Physicians are beginning to refer patients with elevated C reactive protein values for periodontal assessments.
- Identifying the normal curve in periodontal health is essential; people have grown accustomed to thinking that bleeding gums are normal and are not indicative of a problem.
- Increased definitive medical evidence regarding the relationship between periodontal and vascular disease is needed to increase awareness in the medical community and the general public of the importance of oral health to overall health.
- Establish harmonious immediate, mid-term, and long-term goals that will build upon currently available studies and emerging medical evidence.
- Work towards development of an oral health course or clinical rotation for medical school curriculums dedicated to oral health.
- Conduct consumer focus groups to determine responses to references to periodontal disease as periodontal infection vs. inflammation.
- Crafting of definitions needs to take into account both provider and public audiences. There may be a need to create separate messages for each target group. The public message needs to be very simple: e.g. “pink in the sink”;
- something catchy and appealing. A different message should be crafted for the medical and dental communities that focus on standards for care.

- Dentists are not likely to buy into a standard of care because they are fearful of legal liabilities and there is little available reimbursement for early interventions. Bypass the dental target and focus on the public, who will communicate standards to their dentists. “If you want to change the profession, change the wants and desires of the people who access that profession.”
- It is difficult to effect change among practicing dentists; it is more effective to reach dental students to create standards for practice.
- Many hygienists believe their primary role is preventive dentistry, whereas many general practitioners are focused on restorative and cosmetic dentistry. Each audience should be addressed in the terms they relate to most. The education of each subgroup must be different, but all are important.
- Development of a standard of care is crucial. There is a prevailing fear among general practitioners that dental specialists will impinge upon the way they treat patients. However, a standard of care would alleviate such fears by assuring a standard for treatment and referring when disease is apparent.
- Provider education is key to the effort to establish a standard of care and to alleviate fears.
- Establish coalition subgroups to address strategies and action plans for each of these target audiences.

## Developing a Periodontal Disease Resolution: Part One

Epidemiologist Paul Eke, MPH, PhD, reported that two years ago the CDC Divisions of Reproductive Health, Cardiovascular Health and Diabetes worked collaboratively with the American Academy for Periodontology to sponsor the conference “Public Health Implications of Chronic Periodontal Infections in Adults.” The conference sought to re-examine the scientific evidence supporting a relationship between periodontal disease and health outcomes. This panel of experts determined that recommendations for periodontal treatment on the basis of potential systemic disease outcomes are premature, and that it is inappropriate to initiate new public health programs using oral health care to prevent systemic outcomes. It is clearly important, however, to prevent and treat periodontal infections to maintain and improve oral health. Public health approaches for preventing and controlling periodontal infections include:

1. Education for reduction of tobacco use, particularly smoking, at the individual and community levels.
2. Education of patients and providers about the periodontal implications of diabetes and the benefits of regular care.
3. Consideration of targeted health communication efforts to make key groups aware of effective prevention interventions and policymakers more aware of barriers to successful implementation of interventions.

Given these recommendations from the CDC, the group then turned to an overall discussion of specific content for the NPDC resolution. Key points of this discussion emphasized the importance of targeting not only consumers and providers, but also corporations and government as they attempt to find solutions to escalating

healthcare costs. Data that point to the cost-efficacy of intervention in periodontal disease is critically important to this audience.

One retroactive data analysis of Johnson & Johnson employees found that the addition of periodontal benefits to the employee benefit package in addition to targeted provider and patient educational initiatives have resulted in declining surgical costs as well as a significant decline in overall costs of care for periodontal disease. These data are typically well received and have prompted the use of aggressive periodontal programs in several large corporations.

A pilot study at Aetna is focused on identifying effective incentive programs to encourage plan members to utilize available dental benefits. At study end, a cost analysis will be undertaken to determine whether regular dental care impacted dental and medical cost. Given the availability of both medical and dental data within the Aetna database, a fertile field of study for NPDC may be to explore the cardiovascular outcomes of patients who access dental care over time as compared to those who do not. Another important area of inquiry would be to determine lost work productivity resulting from untreated periodontal disease, because lost work days are a key concern of large employers.

#### **Discussion and Recommendations:**

- A need exists for funding of innovative health delivery models or development of reimbursement mechanisms that will drive both early identification of periodontal disease and preventive interventions.
- A case management model undertaken in California showed that use of a dental hygienist for screening, triage, education and referral resulted in dental cost savings of approximately \$150 per patient per year, potentially resulting in

hundreds of millions of dollars in reduced Medicaid costs. Corporations could adopt this model and have an on-site hygienist. The consensus was that such a program may constitute a future action item for the NPDC.

### ***Wordsmithing the Resolution***

The consensus of the group was that the coalition target consumers who do pursue dental care, rather than try to sway those who do not. The group then reviewed language from the initial draft resolution. While some participants felt the need to address the general dental community and to inform them where to find clinical guidelines, others indicated that the emphasis should be to encourage patients to seek treatment. Although participants uniformly recognized the need to educate the dental community, the overriding goal is to target patients who go to the dentist and raise awareness within that population. It was suggested that more resources be allocated to the consumer target, but that to a lesser extent resources also be allotted for provider education. Provider awareness will likely be the natural byproduct of the groundswell of public interest. NCPD could draft a separate statement to providers, apart from the general resolution. Finally, while the exact language could not be drafted within the context of this large group meeting, key points for inclusion are as follows. It was agreed that these suggestions would be incorporated into a draft statement that would be circulated electronically for comments from a cross-sectional committee of volunteers, which would then be revised accordingly.

## **Discussion and Recommendations:**

- The resolution should not indict dentists. Language that points to a failure within the dental community to identify and treat periodontal disease should be eliminated from the resolution. “Peril” and “ignoring” are inflammatory words and should not be used. Change negative words to highlight positive actions. Strike “whereas” and use simple statements.
- Emphasize awareness and prevention rather than diagnosis and treatment.
- Refer to “health care providers” as opposed to oral health care providers and dentists.
- Lead with language, such as “New information about the impact of periodontal infection on health....” This shifts the emphasis to a new awareness of health benefits as opposed to indicting providers. Not only is the public still unaware of the disease, but also unaware of its importance based on new information.
- Find a way to introduce periodontal infection in the opening paragraph in a way that captures the attention of the public. However, the relationship of periodontal infection and systemic disease should not be misrepresented and the facts should not be stretched, because evidence is not infallible at this point in the research. The empirical facts are that if you have periodontal disease, you can lose your teeth.
- Key messages may be: We have always tried to save your teeth. We have always been concerned about pockets of inflammation and bone loss. But now we are also concerned about the possible link between inflammation to other health problems.
- Key points of emphasis for the public awareness campaign: first, you can take action to prevent the terrible consequences of periodontal infection, and second,

ask your healthcare provider for information about what you can do to prevent this disease

- The following information should be included in the resolution, but stated more persuasively, simply and succinctly: “According to the Surgeon General’s report ‘Oral Health In America’ (May,2000), most adults suffer from periodontal infection, but it remains ‘the silent epidemic’. The consequences of this epidemic are tooth loss, low birth weight babies and as new studies suggest, possible problems with overall health. Although there is no cure for infection, you can maintain and control your infection. Your healthcare provider can tell you how.”
- Refrain from references to “oral” health because it has many connotations. Instead: “Have you checked your mouth for infection or inflammation? Go see your healthcare provider, etc.”
- The public will not relate to words such as periodontal disease, infections, and systemic health. Better choices: link healthy gums and healthy teeth to healthy living or a healthy heart or healthy babies.

## Developing a Periodontal Disease Resolution, Part Two

The following action steps were confirmed:

- Complete and adopt a resolution identifying periodontal infection as a health issue for consumers.
- Enlist volunteers to develop operational guidelines for the coalition and to establish leadership roles.
- Establish membership levels; OraPharma and Aetna have both made commitments to providing grant funding.
- Following completion of the first three action items, circulate the resolution to the Secretary of Health and Human Services, the Surgeon General, and other health care organizations and agencies.
- Consider new names for the coalition to include the word “alliance” via e-mail suggestions from meeting participants.
- Solicit volunteers to identify additional groups and organizations who should be included in the coalition, but only following solidification of the group’s goals and message.
- Following completion of these initial goals, work towards targeted communications, strategies, and processes.

## Capturing the Media's Interest

Saundra Thomas, WABC Channel 7, New York City described the station's partnership with NYU to promote dental health within the community. Many factors contribute to media decisions surrounding support of specific health programs, but longstanding partnerships are likely to be given top priority. A key consideration is the impact of the proposed initiative on community health.

In the NYU partnership, NYU provides dental screenings to the community and WABC contributes station talent to drive and promote the program. The challenge is to alter the format for publicizing the program each year in order to keep it fresh and engaging. This year, the station's meteorologist goes onsite to neighborhood locations to publicize the availability of screening. In years past, a two and a half minute interview between a patient with diabetes and the station's physician reporter provided a compelling medium for highlighting the importance of oral health in this population.

### **Discussion and Recommendations:**

- Public Service Announcements are a good vehicle for promoting your message.
- The challenge for periodontal disease is to draw people in without turning them off.
- Emphasis should be on taking care of yourself by going to the dentist as opposed to the negative consequences of the disease.
- Taking care of yourself by going to the dentist may also save your life...
- Avoid being overly scientific.
- Find a recognizable public figure to do the announcement,
- Requests for news coverage of health issues need to identify a unique angle for the story.

- Target requests to the community events person at the station instead of blindly submitting it to the newsroom.

Jim Sandino, a consultant to NBC's "Total Health Show" reviewed the different media for communicating health awareness, including edumericals, public service announcements, video news releases and audio news releases. However, the goal is not only to inform consumers, but to change provider behavior. Previous experience has shown that using paid public health announcements that show testimonials from consumers about the importance of changing therapeutic approaches and the impact on patient lives have been highly effective in changing provider behavior.

#### **Discussion and Recommendations:**

- Begin your campaign with your end goal in mind, which today means consider both the consumer and provider audience; the end goal of the coalition is to tell people to go to the dentist and ask for a periodontal examination.
- If you want to effect public policy, identify areas the government is interested in tackling, and reframe the problem in terms relevant to that issue: "find a parade and jump in front of it".
- Create an emotional as well as rational argument that sways people to pay attention to this health issue in order to affect policy change at the consumer, provider, and government levels.
- Frame your problem in a way that attracts public interest: it's easier to get people interested, than to try to convince people they *should be* interested
- Look at what is going to resonate with the professional as well; very often the professionals don't understand what the consumer is experiencing.

- Educate the provider about how to talk with the patient in order to change behaviors.
- Once you define your audience, research is essential to frame your message.
- When you start talking about oral health, emphasize attractiveness, being sexy, feeling better about yourself, to capture attention.
- There is a message outside of health concerns that consumers need to hear as well, because that will provide them with the motivation to take action.
- If you have money you can come up with multiple themes; if you are short on funding you've got to figure out what it takes to go to multiple segments because that will be important.
- Utilize key opinion leaders and consumer advisory committees to show other consumers the benefits of oral health and the value of prevention of disease.

## Conclusion

These discussions, sometimes conflicting and sometimes aligned, reflect the condition of oral healthcare systems themselves. The challenge for the coalition is to fashion these insights into a road map for the years ahead. In every discussion, participants had valuable recommendations about ways the coalition could partner with industry, researchers, the media to capture the attention of consumers, providers, and public policymakers. These discussions, however, are only a springboard. The real work now lies in the vision, resolve, foresight, and action of volunteers within the coalition as they begin to transform these ideas into a cohesive strategy for the future.